

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09 716 870	FILING DATE		
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	/	/	/	/	/	51			
2	/	/	/	/	/	52			
3	/	/	/	/	/	53			
4	3		/	/	/	54			
5	3		/	/	/	55			
6	3		/	/	/	56			
7	3		/	/	/	57			
8	3		/	/	/	58			
9	1	1	1	1	1	59			
10	1	1	1	1	1	60			
11	1	1	1	1	1	61			
12	1	1	1	1	1	62			
13	1	1	1	1	1	63			
14	1	1	1	1	1	64			
15	1	1	1	1	1	65			
16						66			
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42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL ID.	3		3			TOTAL IND.			
TOTAL DEP.	22	22	12	12		TOTAL DEP.			
TOTAL CLAIMS	25		15			TOTAL CLAIMS			

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